

MEDICAL AUTHORIZATION

I hereby give my permission for non-prescription medication to be given to my child if deemed advisable by Audubon and SFCM. The following non-prescription medication should not be given to my child:

I hereby give permission to the medical personnel selected by Audubon and SFCM to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Audubon and SFCM to secure and administer treatment, including hospitalization, for the person named above. I agree that I will be solely responsible for paying any costs associated with medical treatment. This completed form may be photocopied for trips.

Any directions to the contrary should be specified below and signed.

Parent's/Guardian's signature: _____ Date: _____

RELEASE OF LIABILITY AND USE OF IMAGE

As the child's parent and/or legal guardian, I understand that my child will be participating in Audubon and SFCM's Day Camp (the "Program"), which will include classroom and outdoor field trip experiences. I understand there are possible dangers associated with the Program, including but not limited to, exposure to allergenic plants and stinging insects. I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the Program.

I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon and SFCM has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I hereby grant permission to Audubon and SFCM to reproduce my child's appearance, name, likeness, voice and biographical information in connection with the Program in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

I expressly release Audubon and SFCM, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon and SFCM's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon and SFCM's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon and SFCM.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent's/Guardian's signature: _____ Date: _____

CAMPER'S MEDICAL HISTORY

IMPORTANT: Parents/Guardians, please notify Audubon and SFCM if this child is exposed to any communicable diseases during the three weeks prior to your child's Audubon and SFCM participation. If you feel you do not have enough current information to fill out this form accurately, please contact your physician.

IMMUNIZATION (Record year of last immunization only or disease).

Diphtheria/Tetanus _____ Measles _____ Chicken Pox _____ Polio _____
 Rubella _____ Mumps _____ TB (and result) _____ Other _____

SPECIAL INFORMATION:

Please indicate if your camper has a history of any of the following. If yes, please provide relevant details in the margin.

No	Yes	
_____	_____	Asthma
_____	_____	Frequent ear infections
_____	_____	Seizure disorder
_____	_____	Heart defect/disease
_____	_____	Diabetes
_____	_____	Bleeding clotting disorder
_____	_____	Recent exposure to contagious diseases
_____	_____	Allergic reactions (plant, insect, food, medicine)
_____	_____	Other:

Are there any activities to be restricted? If yes, explain:
Operations or serious injuries (specify dates):
Chronic or recurring illness:
Special diet or restrictions (vegetarian, etc.):

MEDICATIONS BEING TAKEN:		
Please list all medications (including non-prescription drugs) taken routinely at home. Bring enough medication to last the entire stay at Audubon and SFCM. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the drug, dosage and frequency of administration. All medications (with the exception of inhalers) will be in the possession of Audubon and SFCM.		
<input type="checkbox"/>	This camper takes NO medication on a routine basis.	
<input type="checkbox"/>	This camper takes medications as follows:	
Medication:	Dosage:	Time taken each day:
Reason for taking:		
Medication:	Dosage:	Time taken each day:
Reason for taking:		